

**Community Service Network 7 Meeting  
DHHS Offices, Biddeford  
May 14, 2009**

**DRAFT Minutes**

**Members Present:**

<ul style="list-style-type: none"> <li>• Counseling Services, Lois Jones</li> <li>• Counseling Services, Jennifer Goodwin</li> </ul>	<ul style="list-style-type: none"> <li>• Shalom House, Chris Souther</li> <li>• Southern Maine Medical Center, Jean Ellis</li> </ul>	<ul style="list-style-type: none"> <li>• York County Shelters, Jen Ouellette</li> </ul>
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**Members Absent:**

<ul style="list-style-type: none"> <li>• Center for Life Enrichment (in CSI)</li> <li>• Common Connection Club (in CSI)</li> <li>• Consumer Council</li> <li>• Creative Work System</li> </ul>	<ul style="list-style-type: none"> <li>• Goodall Hospital</li> <li>• Harmony Center (in CSI)</li> <li>• Job Placement Services</li> <li>• NAMI-ME - Families</li> </ul>	<ul style="list-style-type: none"> <li>• Riverview Psychiatric Center</li> <li>• Saco River Health Services</li> <li>• Spring Harbor Hospital</li> <li>• York Hospital</li> </ul>
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**Others/Alternates Present:**

<ul style="list-style-type: none"> <li>• AIN, Don Burns</li> <li>• MMC- Emp Spec.-CSN 7, Barbara Murray</li> </ul>	<ul style="list-style-type: none"> <li>• MMC-Vocational Services, Deborah Rousseau</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteers of America, Brian Bouth</li> </ul>
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**Staff Present:** DHHS/OAMHS: Carlton Lewis, Don Chamberlain, and Ron St. James. DHHS/QIS: Karen Glew. Muskie School: Scott Bernier

<b>Agenda Item</b>	<b>Discussion</b>
I. Welcome and Introductions	Carlton opened the meeting with introductions around the table.
II. Review and Approval of Minutes	March minutes were approved.
III. Feedback on OAMHS Communication	No feedback provided this month.
IV. Employment Report	<p>Barb Murray reported and provided two handouts: a pie chart on her current caseload and an explanation of the referral process to have clients use her services.</p> <ul style="list-style-type: none"> <li>• Her caseload has decreased due to successes.</li> <li>• She has five spaces open for other agency referrals.</li> <li>• Attendance at the Vocational Services Group meeting has been varying from meeting to meeting. The meetings are held on Wednesday, 10am to noon at CSI. People can drop-in. It's a way to provide services to more people within the CSN.</li> <li>• She has completed the 14 module Maine Employment Curriculum.</li> </ul> <p>Questions/Comments:</p> <ul style="list-style-type: none"> <li>• <b>Question:</b> On your pie chart, are those in the volunteer wedge also counted in the active wedge?</li> <li>• <b>Answer:</b> Yes, it can be double-counted. An individual can be in multiple categories each month.</li> <li>• <b>Question:</b> How many individuals are you currently working with?</li> <li>• <b>Answer:</b> 25</li> </ul>

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	<ul style="list-style-type: none"> <li>• <b>Question:</b> It appears that if I take the Active Wedge and the Outreach Wedge, I get the total number of people you are working with. Would this be a good estimate to use when looking at the pie chart?</li> <li>• <b>Answer:</b> Yes</li> <li>• <b>Question:</b> When you identify someone as having a job, does it matter how many hours a week they are working?</li> <li>• <b>Answer:</b> No.</li> <li>• <b>Question:</b> Are any of those listed on the chart as employed working full time?</li> <li>• <b>Answer:</b> No, currently, they are all working part time.</li> <li>• <b>Question:</b> If someone is working or in school, that's not the end of your contact with them, correct?</li> <li>• <b>Answer:</b> Correct. I provide post employment counseling.</li> <li>• <b>Question:</b> How often do they meet with you?</li> <li>• <b>Answer:</b> It varies by the individual.</li> <li>• <b>Question:</b> Does anyone have data or are we going to develop data to correlate employment versus rehospitalization?</li> <li>• <b>Answer:</b> No, not at this time. It sounds like a good question.</li> <li>• <b>Response from Karen:</b> Research from Dartmouth shows that employment leads to positive outcomes and a decrease in hospitalization.</li> </ul>
V. Consumer Council Report	This item was tabled as there were no representatives from the Consumer Council present.
VI. CSN Discussion	<p>Carlton introduced this segment and explained the handouts. He encouraged those present to fill-out the CSN Suggestions for Future Meetings form and hand it in before the end of the meeting. DHHS does see that these meetings are not working as well as the Department had hoped.</p> <p>Don added that the Department has not seen the CSNs work across the state. So, the Department is wondering if they should continue or not. The Department agrees that there could be an easier way to disseminate data. This CSN is similar to CSN 1 (Aroostook County) in that there is one major provider doing most services and others doing only a few services.</p> <p>Comments:</p> <ul style="list-style-type: none"> <li>• One member was disappointed by the structure of the questions as they were either/or. He would prefer to see the option of other bodies meeting in addition to the CSN meeting rather than as an alternative to CSN meetings.</li> </ul> <p>Value Comments:</p> <ul style="list-style-type: none"> <li>• Aware of service delivery issues for consumers</li> <li>• It's an avenue to advocate for services</li> <li>• Get to learn what is happening at the state level.</li> <li>• Get to have forum where entities within the county can meet together and resolve issues. Some misunderstandings between entities have been clarified.</li> </ul>

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	<ul style="list-style-type: none"> <li>• It's good to put faces to the names.</li> <li>• Seeing people work together to resolve issues</li> <li>• Outside information sharing and promoting employment</li> <li>• Appreciate the sharing of information. Any information that can be used to help the clients is helpful.</li> <li>• Nearly three years ago, as this CSN formed, there was energy &amp; excitement. However, it has petered out. The CSN was not designed as a forum for updates. We identify problems and concerns, but there has been no change. Attendance has dropped.</li> <li>• Relationships are valuable; however, the mission seems to have been lost in the process. A lot of the collaboration that takes place within the CSN can also happen outside it.</li> <li>• The effectiveness of these meetings has been stymied due to rule changes and budget cuts. However, agencies here have worked together to solve problems, so it has helped.</li> </ul> <p>Other Questions/Comments:</p> <ul style="list-style-type: none"> <li>• <b>Question:</b> What hasn't happened?</li> <li>• <b>Answer:</b> Here is one example. If you refer to the handout on Community Hospital Utilization review, which measures if the ISP has been brought to the hospital. You will see that over time, it hasn't. And we have not been able to resolve this, even in other CSNs where workgroups were formed to resolve it.</li> <li>• <b>Comment:</b> We seem to be scattered as we try to resolve issues.</li> <li>• <b>Comment:</b> I wonder if this is the forum to work problems out. We don't have assigned tasks here.</li> <li>• <b>Comment:</b> If you do away with CSNs, we need to know why it didn't work, so we'll know what not to do the next time a similar entity is formed.</li> <li>• <b>Comment:</b> Whatever you do in the future, make sure you have the capacity to do it.</li> <li>• <b>Comment:</b> Is there a way to produce consistent definitions?</li> <li>• <b>Comment:</b> Some of the workgroups are productive. Providing updates is important, but this may not be the forum for that.</li> <li>• <b>Comment:</b> If there is a non-travel option that can be managed, it would be useful.</li> </ul>
VII. Outcomes Discussion	<p>Don introduced this agenda item. OAMHS has held discussions with the Office of Quality Improvement Services (QIS) about measuring outcomes. Karen Glew has done a lot of research into this. This will not be a short-term project. It will evolve over time starting with a pilot project.</p> <p>Karen provided handouts of her presentation to those present.</p> <ul style="list-style-type: none"> <li>• The process started in early 2008 to discuss measuring outcomes at an individual level.</li> <li>• Wanted a tool kit that had credibility. Need to know the tools have been reviewed and can be used at the system level.</li> <li>• 50 tools were researched. Those were filtered down to 4 tools. A memo was sent to stakeholders to see if other tools should also be considered.</li> <li>• The four tools and others that were suggested were reviewed over several months.</li> <li>• QIS settled on OQ Measures Toolkit, which contains 3 tools in one. More info on this toolkit can be found at: <a href="http://www.oqmeasures.com/site/">http://www.oqmeasures.com/site/</a></li> </ul>

Agenda Item	Discussion
	<ul style="list-style-type: none"> <li>• Data reporting is in real time using PDAs. Graphs are produced immediately showing a clients progress towards recovery.</li> <li>• The pilot will be to determine for whom the tools are working for. It will begin in October, 2009.</li> <li>• Three providers will be in the pilot program. Only one has been named so far, Kennebec Behavioral Health, which has used this tool.</li> </ul> <p>Questions/Answers:</p> <ul style="list-style-type: none"> <li>• <b>Question:</b> What year was this toolkit implemented in Utah?</li> <li>• <b>Answer:</b> I'm not sure.</li> <li>• <b>Question:</b> Do you have a sense on when you will refine the tools?</li> <li>• <b>Answer:</b> We're not tinkering with the tools. We want tools that have been demonstrated to measure outcomes.</li> <li>• <b>Question:</b> Can you compare cases?</li> <li>• <b>Answer:</b> Yes, you can compare progression between individuals.</li> <li>• <b>Question:</b> Will we know the diagnosis of those being measured?</li> <li>• <b>Answer:</b> We are targeting a specific group, people with Serious Mental Illness (SMI).</li> <li>• <b>Comment:</b> According to your handouts, there are over 30 years of data. Service options have changed and evolved over that time period. How much of that data would we be looking at and why?</li> <li>• <b>Question:</b> Do you have an alternative to electronic data gathering?</li> <li>• <b>Answer:</b> No. The pilot advisory group will work on this.</li> </ul>
VIII. Legislative Update	<p>Don provided the update:</p> <ul style="list-style-type: none"> <li>• The budget is supposed to be voted on today. OAHMS is affected by two issues: Elimination of scattered site PNMIIs and Substitution of LOCUS in community integration.</li> <li>• There is a proposal to cut state worker pay by 5% across the board.</li> <li>• Other bills in the works: <ul style="list-style-type: none"> <li>○ Reduce the threshold for an involuntary commitment. The family could refer to a judge directly. DHHS has opposed this bill. It is not dead yet.</li> <li>○ Extension of Progressive Treatment Program (PTP). This affects Bangor and Augusta only. It allows a second 6-month period for those who are in the program and reduces the eligibility age from 21 to 18. This bill passed.</li> <li>○ A piece of legislation that has been tabled until next year would create a Mental Health Commission. It could possibly mirror the Substance Abuse Commission.</li> </ul> </li> </ul> <p>Questions/comments:</p> <ul style="list-style-type: none"> <li>• <b>Question:</b> Is there documentation of success stories in regards to PTP?</li> <li>• <b>Answer:</b> Yes, however, there aren't enough cases to draw conclusions.</li> </ul>
IX. Other	None
X. Public Comment	None

Agenda Item	Discussion
XI. Meeting Recap and Agenda for Next Meeting	The next meeting is scheduled for Thursday, June 11, 2009.